

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 21 1935

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1008
(No. 5126, Euwright Ave.)

3213
File No.
Registered No. 506
St. Ward)

2. FULL NAME Lee Hirschfeld

(a) Residence, No. St., 17 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hattie Hirschfeld

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 61

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rice-Steving Goods

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) in Bremer Iowa

13. NAME Benjamin Hirschfeld

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Lena Richard

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Tom Steinfeld
(ADDRESS) 5126 Euwright Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Olive Church DATE 1-13 1935

19. UNDERTAKER H. Rindskopf
(ADDRESS) 5126 Euwright Ave.

20. FILED AN 14 1935 J. F. Bredek
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 11, 1935

22. I HEREBY CERTIFY, That I attended deceased from January 2, 1935, to Jan. 11, 1935.
I last saw him alive on Jan. 11, 1935. Death is said to have occurred on the date stated above, at 6:00 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Pulmonary Hemorrhage Jan. 2 1935

Other contributory causes of importance:

Pulmonary tuberculosis not known

Name of operation none Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Lawrence Schlenker, M. D.
(Address) 3515 S. Grand St.

